



Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

KANSAS CORPORATION COMMISSION 1167119
OIL & GAS CONSERVATION DIVISION

Form CP-4
March 2009

Type or Print on this Form
Form must be Signed
All blanks must be Filled

WELL PLUGGING RECORD
K.A.R. 82-3-117

OPERATOR: License #: _____
 Name: _____
 Address 1: _____
 Address 2: _____
 City: _____ State: _____ Zip: _____ + _____
 Contact Person: _____
 Phone: (_____) _____
 Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic
 Water Supply Well Other: _____ SWD Permit #: _____
 ENHR Permit #: _____ Gas Storage Permit #: _____
 Is ACO-1 filed? Yes No If not, is well log attached? Yes No
 Producing Formation(s): List All (If needed attach another sheet)
 _____ Depth to Top: _____ Bottom: _____ T.D. _____
 _____ Depth to Top: _____ Bottom: _____ T.D. _____
 _____ Depth to Top: _____ Bottom: _____ T.D. _____

API No. 15 - _____
 Spot Description: _____
 _____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West
 _____ Feet from North / South Line of Section
 _____ Feet from East / West Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
 County: _____
 Lease Name: _____ Well #: _____
 Date Well Completed: _____
 The plugging proposal was approved on: _____ (Date)
 by: _____ (KCC District Agent's Name)
 Plugging Commenced: _____
 Plugging Completed: _____

Show depth and thickness of all water, oil and gas formations.

Oil, Gas or Water Records		Casing Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size	Setting Depth	Pulled Out

Describe in detail the manner in which the well is plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set.

Plugging Contractor License #: _____ Name: _____
 Address 1: _____ Address 2: _____
 City: _____ State: _____ Zip: _____ + _____
 Phone: (_____) _____
 Name of Party Responsible for Plugging Fees: _____
 State of _____ County, _____, ss.
 _____ Employee of Operator or Operator on above-described well,
 (Print Name)

being first duly sworn on oath, says: That I have knowledge of the facts statements, and matters herein contained, and the log of the above-described well is as filed, and the same are true and correct, so help me God.

Submitted Electronically

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

DRILLERS LOG

OPERATOR: Vincent Oil Corporation
230 O. W. Garvey Building
Wichita, Kansas 67202

WELL NAME: Schniepp #1
NW SE SW Sec. 31-18S-23W
Ness County, Kansas

CONTRACTOR: Slawson Drilling Company, Inc.
200 Douglas Building
Wichita, Kansas 67202

COMMENCED: 6/12/80

COMPLETED: 6/21/80

RTD: 4285'

SURF.CASING: 8-5/8" set at 604' with 350 sx cement

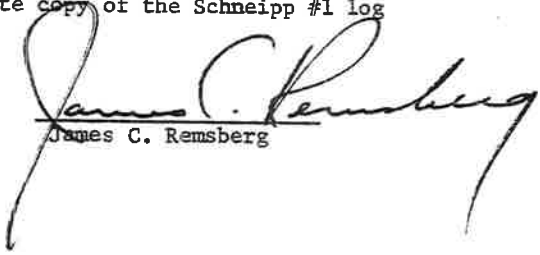
PROD.CASING: 5-1/2" set at 4284' with 125 sx cement

0' to 609' 12 $\frac{1}{2}$ " Surface Hole
609' to 654' Shale
654' to 860' Sand
660' to 1486' Shale
1486' to 1525' Anhydrite
1525' to 3305' Shale
3305' to 3740' Shale & Lime
3740' to 3850' Shale
3850' to 3960' Im
3960' to 4001' Shale & Lime
4001' to 4152' Lime
4152' to 4190' Shale & Lime
4190' to 4233' Lime
4233' to 4265' Lime & Shale
4265' to 4285' Shale & Lime
4285' RTD

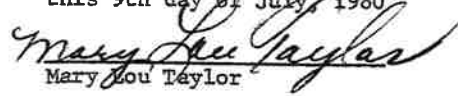
STATE OF KANSAS

COUNTY OF SEDGWICK

I, James C. Remsberg, of the Slawson Drilling Company, Inc.
hereby state the above is an accurate copy of the Schniepp #1 log
for Vincent Oil Corporation.


James C. Remsberg

Subscribed and sworn to me
this 9th day of July, 1980


Mary Lou Taylor

My commission expires January 17, 1981





CHARGE TO: VINCENT OIL
 ADDRESS
 CITY, STATE, ZIP CODE

TICKET
 N° 24586

PAGE 1 OF

SERVICE LOCATIONS
 1. NESS CITY, KS. WELL/PROJECT NO. LEASE SCHWIEPP #1 COUNTY/PARISH NESS STATE KS CITY NESS CITY, KS DATE 25 July 13 OWNER
 2. TICKET TYPE CONTRACTOR HD OILFIELD SERU. RIG NAME/NO. SHIPPED VIA DELIVERED TO ORDER NO.
 SERVICE
 SALES
 3. WELL TYPE OIL WELL CATEGORY ABANDON JOB PURPOSE PTA. WELL PERMIT NO. WELL LOCATION IS, 1/2W, N100
 4. REFERRAL LOCATION INVOICE INSTRUCTIONS

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.	U/M	QTY.	U/M	UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575					MILEAGE #115	10	mi			60.00	600.00
576P					Pump CHARGE	1	DR			1000.00	1000.00
275					COTTON SEED HULLS	3	SX			30.00	90.00
279					GEL	15	SX			25.00	375.00
290					D-AIR	2 1/2	PK			42.00	105.00
328-4					60/40 POZMIX 4% GEL	210	SX			11.50	2990.00
581					CEMENT SERVICE CHARGE	325	SX			2.00	650.00
582					MINIMUM DRAYAGE	28780	lbs	143.90	tm	250.00	250.00

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, **PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY** provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

X *[Signature]* FOREMAN
 DATE SIGNED 25 July 13 TIME SIGNED 1215 A.M. P.M.

REMIT PAYMENT TO:
 SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300

SURVEY	AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				5520.00
WE UNDERSTOOD AND MET YOUR NEEDS?				
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				7.55 TAX 6.15% 339.48
ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO				TOTAL 5859.48
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND				

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.

SWIFT OPERATOR *[Signature]* APPROVAL

Thank You!